Research Article

Sexual Health Status and Quality of Life among Transgender Population in Chennai

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Abstract

A demographic group that is particularly influenced by social and health inequality are transgender people. The sexual rights and Quality of Life (QoL) of all individuals must be valued, secured and fulfilled in order for sexual well-being to be achieved and preserved. Hence this research was undertaken to measure QoL in a population of self-identified transgender people and to study the factors associated with sexual satisfaction in the same population. This is a cross sectional study conducted among 543 transgender people in Chennai conveniently selected by snowball sampling. Data was collected by a pre-tested structured questionnaire and QoL was assessed by asking the participants to rate their QoL on a Visual Analogue Scale (VAS) ranging from 0 (very poor QoL) to 10 (very good QoL) and sexual satisfaction was assessed by one item from the Life Satisfaction checklist. Data was analyzed by using SPSS version 24. In total, 543 respondents were included in the study. The age range was 18– 52 years with a mean age of 38.5 years. More than 285 transgenders (52%) had high school level education, while 125(23%) were illiterate. Majority of the study population were working (75%). In terms of sexual preferences,41% were heterosexual and 47% had a partner. Sexual satisfaction among respondents was relatively high (60%) and more than 50% had multiple sexual partners. Stigma related to sexual health was observed in 30 to 40% of the participants. More than half of study participants had good quality of life and they faced various sexual health challenges and problems that had a bearing on their overall sexual satisfaction.

Keywords:

Quality of life; Transgender; Sexual satisfaction

Introduction

A strong emphasis is put on the overarching goal of public health policy in India on equitable health across the community which requires bridging of gaps in health care that are avoidable.

Transgender persons are a demographic group, impacted negatively by adverse health effects [1].

Health disparities among trans persons are multi-factorial and are also heavily linked to social and systemic determinants, besides being defined by common health determinants affecting the general population.

In developing countries like India which is bound by strong social and cultural barriers, trangenders find themselves in a even more difficult situation becoming unable to express their concerns and problems.

Sexual health is "a state of physical, emotional, mental and social well-being in relation to sexuality; it is not just the absence of illness, dysfunction or infirmity." A positive and compassionate approach to sexuality and sexual relationships, as well as the desire to have pleasurable and healthy sexual encounters, free of harassment, discrimination and abuse, is needed for sexual wellbeing. Many Research evidence from different countries indicate that generally Quality of Life (QoL) and sexual health of transgender People and People Living with HIV (PLWHIV) is multifactorial and is mainly associated with social and structural factors. In order to achieve and preserve sexual wellbeing, the sexual rights of all individuals must be recognized, secured and fulfilled. Consequently, sexual pleasure is an essential element of sexual wellbeing. It is further related to general well-being

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and QoL. Absence of sexual pleasure and associated unmet needs can lead to various psychosocial problems like depression, anxiety and stress in the affected individuals as evidenced in various studies. The sexual aspect of health that is addressed in this study is a response to a growing need for a rights-based approach to sexual health that understands that these rights are less likely to be enjoyed by different populations. Hence, this study aim was to explore Quality of Life (QoL) and sexual health as well as the associated factors among transgender people.

Materials and Methods

Sampling Method and sample size Convenience sampling method was used to enroll participants since the transgender population is of an unknown size. Since there was no pre-determined sample size, it was decided to set a month for the last day of data collection which was the end of December 2019. Transgenders were approached in their community and participants were enrolled by snowball sampling method. A total of 543 transgenders gave their consent and participated in the study. Data Collection Tool: Data was collected with the help of a pre-tested semi structured questionnaire which was extensively piloted among 10 transgender people and face validity obtained by discussion with experts in the field. QoL was assessed by a single item, asking participants to rate their QoL on a Visual Analogue Scale (VAS) ranging from 0 (very poor QoL) to 10 (very good QoL). Sexual satisfaction was assessed by the Life Satisfaction checklist. Participants were asked to rate their level of satisfaction with their sex life with the help of a six-point scale, with responses ranging from' ''very dissatisfied'', "dissatisfied", "rather dissatisfied", "rather satisfied", "satisfied", ''very satisfied'' on a score of 1 to 6. Informed Consent and Ethical Approval: Participants participated on their own free will and extensive measures were taken to maintain the confidentiality as this was a sensitive study on their socio-cultural aspects. Informed consent was obtained after informing the purpose and the importance of the study to them. Participants could complete the questionnaire in a confidential setting with the help of researcher [2]. The study was approved by the institutional ethical committee. Data collection procedures were entirely anonymous and there is no risk for identification of individuals. Analysis was done by using SPSS version -24 and QoL, sexual satisfaction and other related variables were analyzed descriptively.

Results

In total, 543 respondents were included in the analysis. Describes the sociodemographic details of the participants (Table1).

Table1: Sociodemographic details of the participants.

Variables	Frequency and %
Age group	
< 30	32 (6%)
31-40	196(36%)
41-50	181(33%)
> 50	134(24.6%)
Employment	
Employed	410 (75.5%)
Umemployed	133 (24.5%)
Education	
Higher secondary school	285 (52%)
High school	133(24.5%)
Illeterate	125(23%)
Sexual orientation	
Hetero sexual	245(41%)
Non-hetero sexual	158(34%)
Not willing to answer	140(25%)
Current Partner status	
Yes	283(53%)
No	260(47%)

Transgender experience	
Trans feminine	285 (52%)
Trans masculine	258(48%)

Transgender people reported a median score of 7 on a QoL scale ranging from 0 to 10 where 0 is the lowest possible QoL and 10 is the highest possible QoL. More than half 322(59%) of the respondents reported good or very good self-rated health and about154 (28%) poor or very poor (13%) self-rated health. Unexpectedly 42% had mild stigma but still 33%. had severe stigma in the community. (Table 2 and 3)

Table 2: Quality of life among transgender.

S.No.	Variables	Frequency and %
1	**Quality of life**	
	Very good (score 7-10)	103(19%)
	Good (Score (4-6)	219(40%)
	poor (2-3)	154(28%)
	Very poor (0-1)	67(13%)
2	**Stigma**	
	Mild	230 (42%)
	Moderate	189(35%)
	Severe	124(33%)

Table3: Sexual satisfaction among transgenders and related variables.

S.No	Questions	Frequency and %
1	Number of sexual partner	
	Single partner	254(47%)
	Multiple partner	289(53%)
2	Sexual satisfaction	
	Good	325(60%)
	Average	124(23%)
	Poor	54(10%)
	Not at all	40(7%)
3	Usage of condom	
	Not necessary for transgender	185(34%)
	Yes	140(26%)
	No	218(40%)
4	Do you have adverse mood symptoms due to sexual dissatisfaction	
	Yes	251 (46%)
	No	292(54%)
5	Willingness to address sexual issues with health care providers	
	Yes	354(65%)
	No	189(45%)

6	Reason for exchanging partner	
	Financial purpose	256(47%)
	Hobby	287(53%)
7	Experiencing sexual violence	
	Yes	128(24%)
	No	415(76%)

The age group of the study participants was 18-52 years with a mean age of 38.5 years. More than half 285 (52%) had higher secondary school level education, while 125(23%) were illiterate and over 283 (52%) had no income. Majority of the transgender did some work (75%). 41% were heterosexual and 47% had a partner. Nearly one-half (60%) of respondents reported being sexually satisfied. The majority (47%) of participants had a single sexual partner, 53% had multiple current sexual partners. Nearly one-half (34%) reported not using a condom during (vaginal/anal) sexual intercourse with a sexual partner because it was not necessary for the type of sex practiced. 65% reported wanting to discuss sexual matters with healthcare providers. 57% of the participants changing their sexual partner for financial purpose. The most common reasons for exchanging partner are as hobby [3]. Over 24% of participants reported having experienced sexual violence at some point in life. Sexual satisfaction among respondents was relatively high (60%) and was correlated with having multiple current sexual partners, partner relationship satisfaction. Around 40% had adverse mood symptoms, due to sexual dissatisfaction.

Transgender people may face substantial difficulties with their sexual interactions, such as their sexual activity and sexual feelings. Recent evidence also shows that transgender individuals tend to report experiencing more sexual problems than the general population. More than 53% of the study population had multiple sexual partners. Similar results were found in a study done. This shows that, transgenders being unaware of the health problems caused due to multiple sexual partners may fall victim to various Sexually Transmitted Diseases (STD). Sexual satisfaction among respondents was relatively high (60 percent). Almost more than half had good or very good sexual satisfaction. Around 46% mood disorder due to sexual dissatisfaction [4]. The sexual needs which if left unfulfilled can lead to various behavioral problems and there is more need for qualitative research into this domain to better understand the individual and personal needs.

Around 30-45% of transgenders were found to be facing mild to severe stigma as evidenced by the findings from this study. In a study done by Bradford J et al, it was found that 41% of the transgenders suffered from gender related discrimination and stigma [5]. This is one of the major concerns and barrier which prevents the transgender from becoming normal members of the society and these leads to deprivation of basic social support from the family and peers. From this study it was found that 45% were unwilling to discuss their problems related to sexual needs with the healthcare provider. It is cause of concern because sexual dissatisfaction can be addressed only if they come out and discuss their problems with healthcare providers. And also, the healthcare providers be able to assess their needs and be able to address the problems it was found that the healthcare providers lack the adequate knowledge when dealing with transgenders sexual health and it becomes one of the main reasons that transgenders avoid visiting healthcare professionals.

There is a paucity of literature on studies related to sexual health and quality of life among transgender people. A positive and compassionate approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and healthy sexual encounters, free from abuse, discrimination and violence, are needed for good sexual health. Sexual identity and body image are closely linked to the sexual experience of being transgender. In particular, their psychological well-being and body happiness are two variables that are likely to be correlated with transgender sexual experiences. There are some signs that discomfort with one's appearance or feelings of gender dysphoria can make sexual encounters more difficult to appreciate or be happy with. Because psychological well-being and body satisfaction can vary considerably between transgender individuals with different treatment desires as well as within groups, it is important to explore the role of these variables in their sexual experiences.

Conclusion

More than half of trans people had good quality of life and they faced various sexual health challenges that have a bearing on people's sexual satisfaction. We can help to improve the QOL among transgenders by minimize the stigma through counseling and psychotherapy techniques. Assessment of sexual dysfunction in transgender persons is multidimensional. There is a need to address the welfare and health of transgender groups and individuals.

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